| PATENT | APPL | ICAT |
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Ef.

## FEE DETERMINATION RECORD

ve December 8, 2004

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|   |     |   |
|   |     |   |

Application or Docket Number

| :   | l  | CLAIMS ASTILED - PART I            |             |  |  |                          |                   | 10/37/33        |             |                              |                  |          |              |  |
|---|--|------------------------------------|-------------|--|--|--------------------------|-------------------|-----------------|-------------|------------------------------|------------------|----------|--------------|--|
|   | U.S. NATIONAL STAGE FEES BASIC FEE                                     |                                    |             | (Column 1) (Column 2)                  |  | SMAI<br>TYPE             | SMALL ENTITY TYPE |                 |             | OTHER THAN<br>OR SMALL ENTIT |                  |          |              |  |
|   |  |                                    |             |  |  |                          | RA                | TE              | FEE         | 7                            |                  |          |              |  |
|   | EXAMINATION FEE  |                                    |             | SMALL ENT. = \$ 150                    |  | LARGE ENT. = \$ 300      |                   | EE              |             | 1                            | RAT              |          | FEE          |  |
| ľ   |  |                                    | · (4)       | PCT Article 33(1)-<br>= \$50 / \$ 100  | All other situations = \$ 100 / \$ 200 |                          | EXAM. F           | EE -            | -           | OR                           | BASIC FE         |          | 310          |  |
| ľ   | SEARCH FEE   | ·                                  | ALL of      | SA = \$50/\$100<br>ther countries =    | All other situations = \$250 / \$500   |                          | 1                 |                 |             |                              | EXAM. FE         | E        | HN.          |  |
| F   | FEE FOR EXTRA SPEC. PGS.   |                                    |             | minus 100                              |  |                          |                   |                 |             |                              | SEARCH I         | EE .     | 400          |  |
| T   | OTAL CHARG   | EABLE ÇLAIMS                       | 12          | minus 20 = /50 =                       |  |                          | X \$ 12           |                 |             | •                            | X \$ 250         | )=       |              |  |
| IV  | DEPENDENT  | CLAIMS                             | 19          | minus 3 = *                            |  | •••                      | X \$ 2            | 5 =             |             | OR                           | X \$ 50          | =        |              |  |
| M   | ULTIPLE DEPE   | NDENT CLAIM                        | PRESENT     | ************************************** | •                                      | -                        | X \$ 10           | 0 =             |             | OR                           | X \$ 200         | -        | · .          |  |
|   |  |                                    |             | 7000 004- 100                          |  |                          | + \$ 180          | ) =             |             | OR                           | + \$ 360         | _        |              |  |
|   | If the difference in column 1 is less than zero, enter "0" in column 2 |                                    |             |  |  |                          |                   |                 | $\Box$      | OR :                         | TOTAL            | +6       | 700          |  |
|   |  | CLAIMS A                           | S AMEND     | ED - PART I                            | 1                                      | •                        |                   |                 | <del></del> |                              | ·                |          | <del>-</del> |  |
| -   | T  | (Column 1)                         |             | (Column                                | 2) (C                                  | olumn 3)                 | SMAL              | L ENTITY        | · c         | )R                           | OTHE             | R THA    | ſŇ           |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT    |             | NUMBER<br>PREVIOUS<br>PAID FOR         | LY P                                   | RESENT<br>EXTRA          | RATE              | ADD<br>TION     | I-<br>NL    | Γ                            | SMALL            | Al       | DDI-<br>DNAL |  |
| 200   | Total  | *                                  | Minus       | **                                     | =                                      |                          | X \$ 25 =         | FEE             |             |                              |                  |          | EE           |  |
| Ž   |  | •                                  | Minus .     | ***                                    | -                                      |                          | <b> </b>          |                 | 01          | X \$ 50 =                    |                  |          |              |  |
|   | FIRST PRES   | ENTATION OF MULTIPLE DEPENDENT CLA |             | M                                      | _                                      | X \$ 100 =<br>+ \$ 180 = |                   | OF              | ₹ X         | \$ 200 =                     |                  |          |              |  |
|   |  |                                    |             |  |  |                          |                   | 4               | OF          | +                            | \$ 360 =         |          |              |  |
|   | •  | (Column 1)                         |             |  |  |                          | TOTAL ADDIT       |                 | OR          | TOT                          | AL ADDIT.<br>FEE |          | $\exists$    |  |
|   |  | CLAIMS<br>REMAINING                |             | (Column 2)<br>HIGHEST                  | (Colu                                  | imų 3)                   |                   |                 |             |                              |                  |          | - 1          |  |
| ŀ   | •  | AFTER<br>AMENDMENT                 |             | NUMBER PREVIOUSLY PAID FOR             |  | SENT<br>TRA              | RATE              | ADDI-<br>TIONAL | ].          | F                            | ATE              | ADD      |              |  |
| in  |  |                                    | Minus       | 44                                     | =                                      |                          | X \$ 25 =         | FEE             | -           | <u> </u>                     |                  | FEE      |              |  |
|   | ndependent   |                                    | Minus       | ***                                    | =                                      |                          |                   |                 | OR          | X \$                         | 50 =             |          |              |  |
|   | FIRST PRESE  | NTATION OF MU                      | JLTIPLE DEP | ENDENT CLAIM                           | <del></del>                            | ╤┤┟                      | X \$ 100 =        |                 | OR          | X \$                         | 200 =            | <u>.</u> | 7            |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +\$1 |  |                                    |             |  |  |                          |                   |                 |             |                              |                  |          |              |  |

OR

OR

+ \$ 360 =

TOTAL ADDIT.

FEE

+ \$ 180 =

TOTAL ADDIT

FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.